MEMORIAL NURSING HOME 205 PARKER STREET

Number of Residents on 12/31/00:

BOSCOBEL 53805 Phone: (608) 375-4112 Ownershi p: Nonprofit Church-Related Operated from 1/1 To 12/31 Days of Operation: 366 Highest Level License: Skilled Operate in Conjunction with Hospital? Yes Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/00): 68 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/00): 78 Average Daily Census: 63

60

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%				
Home Health Care	No No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	40. 0
Supp. Home Care-Personal Care	No					1 - 4 Years	36. 7
Supp. Home Care-Household Services	No	Developmental Disabilities	3. 3	Under 65	5. 0	More Than 4 Years	23. 3
Day Services	No	Mental Illness (Org./Psy)	30. 0	65 - 74	8. 3		
Respite Care	Yes	Mental Illness (Other)	11. 7	75 - 84	28. 3		100. 0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	43. 3	***************	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	0.0	95 & 0ver	15. 0	Full-Time Equivalen	t
Congregate Meals	No	Cancer	3. 3			Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	1.7		100.0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	6. 7	65 & 0ver	95. 0		
Transportation	No	Cerebrovascul ar	18. 3			RNs	11.6
Referral Service	No	Di abetes	1.7	Sex	%	LPNs	7. 0
Other Services	No	Respi ratory	6. 7			Nursing Assistants	
Provide Day Programming for		Other Medical Conditions	16. 7	Male	28. 3	Aides & Orderlies	43. 6
Mentally Ill	No			Female	71.7		
Provi de Day Programming for			100.0			İ	
Developmentally Disabled	No			l	100. 0	<u> </u>	

Method of Reimbursement

		Medi	care		Medi c	ai d											
		(Titl	e 18)	((Title	19)		0th	er	P	ri vate	Pay	1	Manage	d Care		Percent
			Per Die	em		Per Die	m		Per Die	m		Per Dien	n]	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	1	2. 3	\$117. 02	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	1	1. 7%
Skilled Care	4	100. 0	\$222.79	37	86. 0	\$100.84	0	0. 0	\$0.00	13	100.0	\$107.50	0	0. 0	\$0.00	54	90.0%
Intermediate				4	9. 3	\$83.45	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	4	6. 7%
Limited Care				0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Personal Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Residential Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Dev. Di sabl ed				1	2. 3	\$147.80	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	1	1. 7%
Traumatic Brain In	j. 0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Ventilator-Depende	nt 0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Total	4	100. 0		43 1	100. 0		0	0. 0		13	100. 0		0	0. 0		60	100.0%

MEMORIAL NURSING HOME

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condi ti	ons, Servi ces	s, and Activities as of 12/3	31/00
Deaths During Reporting Period							
				%	Needi ng		Total
Percent Admissions from:		Activities of	%	Ass	istance of	% Totally	Number of
Private Home/No Home Health	5.6	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent 1	Resi dents
Private Home/With Home Health	20. 0	Bathi ng	0. 0		63. 3	36. 7	60
Other Nursing Homes	0.0	Dressi ng	25 . 0		38. 3	36. 7	60
Acute Care Hospitals	70.0	Transferri ng	45. 0		23. 3	31. 7	60
Psych. HospMR/DD Facilities	4.4	Toilet Use	28. 3		25. 0	46. 7	60
Rehabilitation Hospitals	0.0	Eati ng	38. 3		46. 7	15. 0	60
Other Locations	0.0	**************	******	******	******	**********	******
Total Number of Admissions	90	Continence		%	Special Trea	ntments	%
Percent Discharges To:		Indwelling Or Extern	al Catheter	0.0	Recei vi ng	Respiratory Care	3. 3
Private Home/No Home Health	11.5	0cc/Freq. Incontinent	t of Bladder	51.7	Recei vi ng	Tracheostomy Care	0. 0
Private Home/With Home Health	42.7	0cc/Freq. Incontinent	t of Bowel	28. 3	Recei vi ng	Suctioning	0. 0
Other Nursing Homes	4. 2	[Recei vi ng	Ostomy Care	3. 3
Acute Care Hospitals	6. 3	Mobility			Recei vi ng	Tube Feeding	5. 0
Psych. HospMR/DD Facilities	3. 1	Physically Restraine	d	6. 7	Recei vi ng	Mechanically Altered Diets	15. 0
Rehabilitation Hospitals	0.0						
Other Locations	2. 1	Skin Care			Other Reside	ent Characteristics	
Deaths	30. 2	With Pressure Sores		5.0	Have Advar	nce Directives	86. 7
Total Number of Discharges		With Rashes		1.7	Medications		
(Including Deaths)	96	[Recei vi ng	Psychoactive Drugs	66. 7
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Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities

	Thi s	0ther	· Hospi tal -	I	A11	
	Facility	Based	Facilities	Faci	lties	
	%	%	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	80. 8	87. 5	0. 92	84. 5	0. 96	
Current Residents from In-County	73. 3	83. 6	0. 88	77. 5	0. 95	
Admissions from In-County, Still Residing	21. 1	14. 5	1.46	21. 5	0. 98	
Admissions/Average Daily Census	142. 9	194. 5	0. 73	124. 3	1. 15	
Discharges/Average Daily Census	152. 4	199. 6	0. 76	126. 1	1. 21	
Discharges To Private Residence/Average Daily Census	82. 5	102. 6	0.80	49. 9	1.66	
Residents Receiving Skilled Care	91. 7	91. 2	1. 00	83. 3	1. 10	
Residents Aged 65 and Older	95. 0	91. 8	1. 04	87. 7	1. 08	
Title 19 (Medicaid) Funded Residents	71. 7	66. 7	1. 07	69. 0	1. 04	
Private Pay Funded Residents	21. 7	23. 3	0. 93	22. 6	0. 96	
Developmentally Disabled Residents	3. 3	1. 4	2. 44	7. 6	0. 44	
Mentally Ill Residents	41. 7	30. 6	1. 36	33. 3	1. 25	
General Medical Service Residents	16. 7	19. 2	0. 87	18. 4	0. 90	
Impaired ADL (Mean)*	53. 3	51.6	1. 03	49. 4	1. 08	
Psychological Problems	66. 7	52. 8	1. 26	50. 1	1. 33	
Nursing Care Required (Mean)*	4. 2	7. 8	0. 53	7. 2	0. 58	